



CONSOLIDATED  
FREIGHTWAYS

CFWY

CONSIGNEE  
COPY



INVOICE NUMBER

REFER TO THIS NUMBER

EQUIP. NUMBER	DATE	ORIGIN	CF REVENUE	ADVANCE	BEYOND	DESTINATION	
75-6928	10/19/80	NHC 031	4332			NF 0/081	086-51950-1

CONSIGNEE

SHIPPER'S NUMBER

ASTRO PAK

MHC

CUM

28302

1624 STEEL ST  
CHESAPEAKE VA

INVOICE NUMBER

055-51950-1

ROUTE (CARRIERS, PRO DATE & NO., JUNCTIONS)

SHIPPER

BILL TO

BRANSON CLEANING EQUIP

PARROT DR  
SHELTON CT

# PCS.	HM	DESCRIPTION OF ARTICLES AND MARKS	WEIGHT	RATE	TOTAL CHARGES
1		CRATE CLOS. INSTRUMENTS 1/2 100	250	10.00	2500.00
		CREDIT 50.00			50.00
1		TOTAL	250		2550.00
		CUST ORDER 11420			
				DISCOUNT APPLIED	

DUNS # 00-922-7356

LEAVE THIS COPY WITH CONSIGNEE

CONSOLIDATED FREIGHTWAYS  
P. O. Box 4488  
Portland, Oregon 97208

CONSIGNEE  
COPY

8



## PURCHASE ORDER

Pg. \_\_\_\_\_ of \_\_\_\_\_

= 11420

## Bill To:

☒ P.O. BOX 978  
8708 CLETA STREET  
DOWNEY, CA 90241  
(213) 773-1029

☒ P.O. BOX 796  
235 FORREST STREET  
METUCHEN, NJ 08840  
(201) 549-1788

☒ P.O. BOX 6240  
1621 STEEL STREET  
CHESAPEAKE, VA 23323  
(804) 485-5305

## Vendor:

• Branson Cleaning  
• Equipment Co.  
• Parrott Diesel  
• Shelton Conn 06484.

## Ship To:

☒☐☒

## Other:

Tele # (203) 929-7301

Vendor Rep Jim ThompsonOrdered For - Ding -Order Date 9-14-82Promised 6 wks 10-26-82

Q.A. Approval

yes

no

Certs Req'd

Resale

N.J. # T 952-026-804/000

Cal. # SR AD14-612668

Job #

Center

Acct. Code

Terms

169000Ding

Item

Ordered

Part Number

Description

Unit

Total

1

1

S121W

solvent recovery

3085<sup>00</sup><sub>xx</sub>

230 3 phase  
35 amps.  
water cooled.  
(tower)

Tax

4.200<sup>52</sup>

Shipping

4.

Grand Total

Carl V. Hagen  
Jim St. Clair  
approved

Subject to additional terms and conditions reverse side

☐ Post Delivery Check:  
Quantity and price as quoted

9-14-82  
Acknowledgement

DATE

SIGNATURE

Mary Joak  
Purchasing Agent

# BRANSON

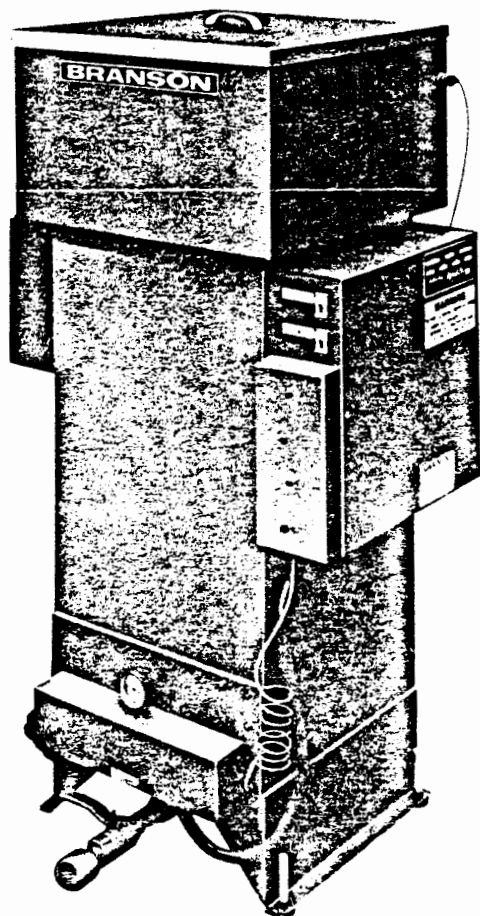
CLEANS BETTER

Bulletin S-953

## Solvent Recovery Stills

SERIES S100W

WATER-COOLED  
INDUSTRIAL STILLS  
FOR AUTOMATIC  
SOLVENT RECLAMATION



Series S100W solvent recovery stills provide efficient, automatic distillation of chlorinated and fluorinated safety solvents, such as 1, 1, 1 trichloroethane and Freon TF, commonly used in industrial cleaning equipment. The units are designed to improve solvent cleaning processes by reducing contamination levels in the cleaning system on either a continuous or batch basis. Cleaning costs are also reduced by salvaging valuable solvents and increasing production yields.

### COMPACT UNITS WITH VARYING CAPACITIES

Models in the S100W series incorporate features for long life, safety and flexible operation in a compact design. Component layout and assembly are suited for convenient installation in corner areas or other restricted locations. The units' recovery rates range from 6 to 99 gallons of distillate per hour.

Ruggedly built with stainless steel tank construction and solvent-resistant painted exterior, S100W series stills are designed for integral use with Branson's full line of industrial vapor degreasing equipment. Solvent inlet and discharge heights are arranged to permit continuous gravity feed of solvent to and from a companion degreaser. An optional transfer pump is also available for operations where complete transfer of the degreaser boiling sump contents is required, for solvent transfer from bulk storage containers, and for other applications where gravity feed is not feasible.

### WATER-COOLED WATER SEPARATOR

All models in the S100W series have a high capacity water-cooled water separator permitting continuous or batch distillation of either chlorinated or fluorinated safety solvents.

The boiling sump is heated by low watt density, stainless steel immersion heaters or optional steam coil mounted on a removable clean-out door.

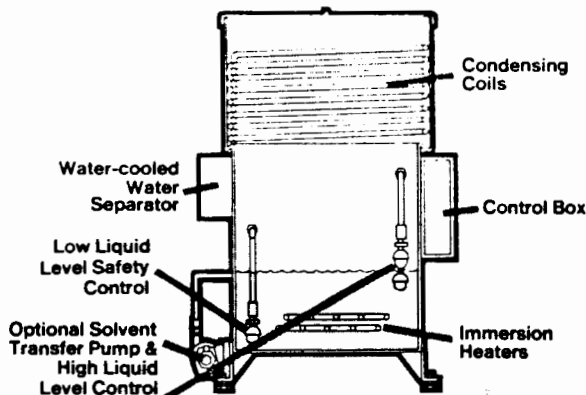
### ADDITIONAL STANDARD FEATURES

- Heli-arc welded 304L stainless steel construction.
- 304L stainless steel peripheral condensing coil and copper plumbing.
- Manual reset safety thermostats for boiling sump high temperature cutout (electric-heated models only) and vapor safety level control (electric and steam-heated models).
- Safety low-liquid level float control.
- Solvent sump thermometer.
- End-mounted control module with thermostats, thermal power and transfer pump (optional) on-off switches.
- Removable stainless steel cover.

### OPTIONAL FEATURES

- Automatic solvent transfer pump with high liquid level float control and solvent inlet strainer.
- Desiccant dryer for Freon TE and TA.
- All stainless steel plumbing.
- Steam heat.

# Branson S100W Series Solvent Recovery Stills



## SPECIFICATIONS

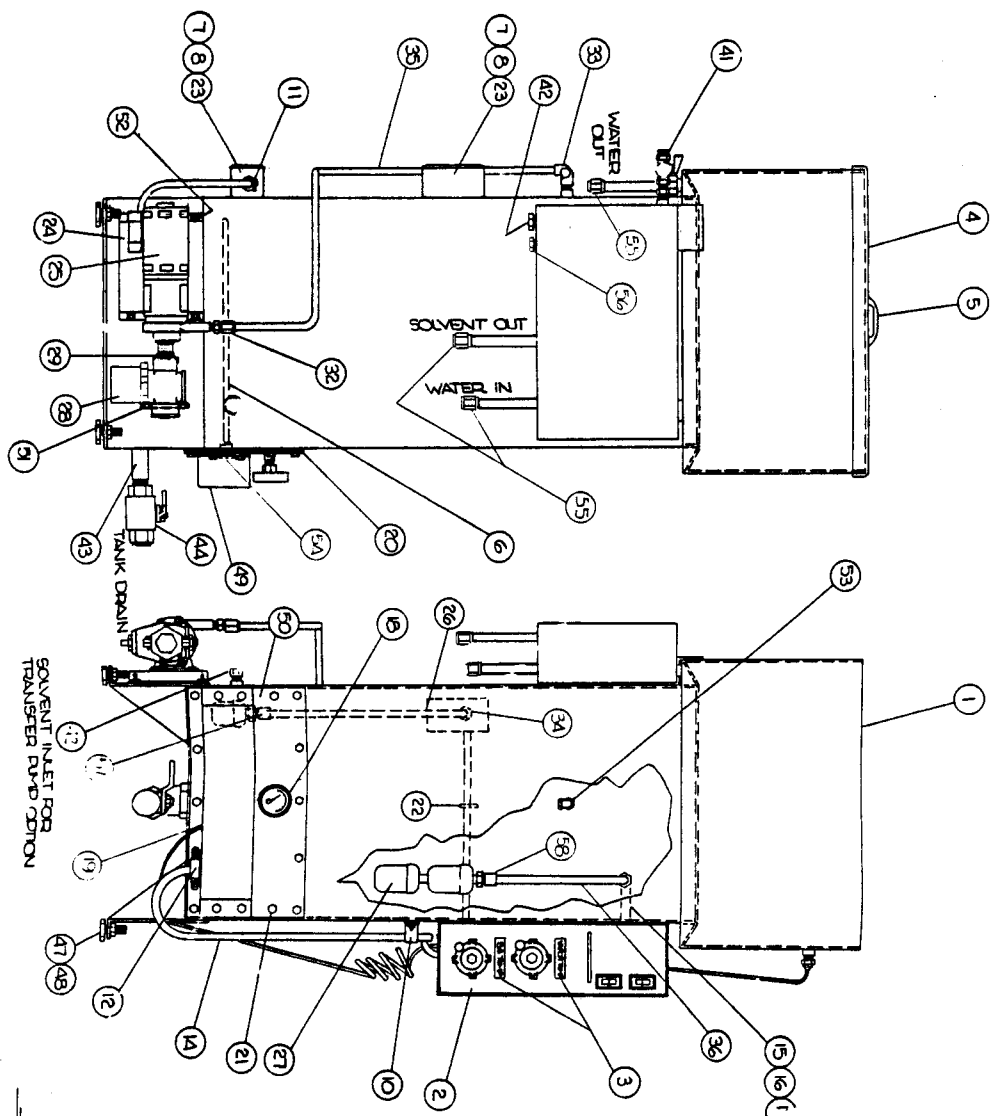
	Models S110W & S111W		Models S120W & S121W	
Overall Dimensions*	25½" × 22" × 51" (64.8 × 55.9 × 129.5 cm)		25½" × 22" × 51" (64.8 × 55.9 × 129.5 cm)	
Solvent Inlet Height	7¾" (19.7 cm)		7¾" (19.7 cm)	
Dist. Discharge Height	28" (71.1 cm)		28" (71.1 cm)	
Water Separator Capacity	2 gallons (7.6 liters)		2 gallons (7.6 liters)	
Total Solvent Capacity	22 gallons (88.3 liters)		22 gallons (83.3 liters)	
	S110W	S111W	S120W	S121W
Distillation Rate 1, 1, 1 Trichloroethane		12.0 GPH (45.4 liters/hr.)		24.0 GPH (90.8 liters/hr.)
Freon TF		16.0 GPH (60.6 liters/hr.)		33.0 GPH (125.0 liters/hr.)
Freon TMC	8.0 GPH (30.3 liters/hr.)		16.0 GPH (60.6 liters/hr.)	
Electric Heat Wattage	3 kW	4 kW	6 kW	8 kW
Electric Requirements				
Electric Heat	230/1/15 A	230/1/20 A	230/3/26 A	230/3/34.6 A
Steam Heat	230/1/2 A	230/1/2 A	230/1/2 A	230/1/2 A
Steam Requirements	10.5 lbm/hr. @ 5 PSI (4.8 kg/hr. @ .3 kg/cm²)	14.5 lbm/hr. @ 15 PSI (6.6 kg/hr. @ 1 kg/cm²)	21.0 lbm/hr. @ 5 PSI (9.5 kg/hr. @ .3 kg/cm²)	29.0 lbm/hr. @ 15 PSI (13.2 kg/hr. @ 1 kg/cm²)
Cooling Water Req'd 1, 1, 1 Trichloroethane		.4 GPM @ 60°F (1.5 liters/min. @ 15.6°C)		.8 GPM @ 60°F (3.0 liters/min. @ 15.6°C)
Freon TF		1.4 GPM @ 60°F (5.3 liters/min. @ 15.6°C)		2.7 GPM @ 60°F (10.2 liters/min. @ 15.6°C)
Freon TMC	4.0 GPM @ 60°F (15.1 liters/min. @ 15.6°C)		5.6 GPM @ 60°F (21.2 liters/min. @ 15.6°C)	
Approx. Shipping Weight	200 lbs. (90.7 kg)		200 lbs. (90.7 kg)	
	Models S130W & S131W		Models S140W & S141W	
Overall Dimensions*	38" × 30" × 63" (96.5 × 76.2 × 160.0 cm)		38" × 30" × 63" (96.5 × 76.2 × 160.0 cm)	
Solvent Inlet Height	8½" (21.6 cm)		8½" (21.6 cm)	
Dist. Discharge Height	30" (76.2 cm)		30" (76.2 cm)	
Water Separator Capacity	9½ gallons (40.0 liters)		9½ gallons (40.0 liters)	
Total Solvent Capacity	70 gallons (265.0 liters)		70 gallons (265.0 liters)	
	S130W	S131W	S140W	S141W
Distillation Rate 1, 1, 1 Trichloroethane		42.0 GPH (159.0 liters/hr.)		72.0 GPH (272.5 liters/hr.)
Freon TF		57.0 GPH (215.7 liters/hr.)		99.0 GPH (374.7 liters/hr.)
Freon TMC	28.0 GPH (106 liters/hr.)		50.0 GPH (189.3 liters/hr.)	
Electric Heat Wattage	10 kW	14 kW	18 kW	24 kW
Electric Requirements				
Electric Heat	230/3/43.6 A	230/3/35 A	230/3/51 A	230/3/61 A
Steam Heat	230/1/2 A	230/1/2 A	230/1/2 A	230/1/2 A
Steam Requirements	35.5 lbm/hr. @ 5 PSI (16.1 kg/hr. @ .3 kg/cm²)	50.5 lbm/hr. @ 15 PSI (22.9 kg/hr. @ 1 kg/cm²)	65.0 lbm/hr. @ 5 PSI (29.5 kg/hr. @ .3 kg/cm²)	86.0 lbm/hr. @ 15 PSI (39.0 kg/hr. @ 1 kg/cm²)
Cooling Water Req'd 1, 1, 1 Trichloroethane		1.4 GPM @ 60°F (5.3 liters/min. @ 15.6°C)		2.3 GPM @ 60°F (8.7 liters/min. @ 15.6°C)
Freon TF		3.8 GPM @ 60°F (14.4 liters/min. @ 15.6°C)		5.5 GPM @ 60°F (20.8 liters/min. @ 15.6°C)
Freon TMC	6.8 GPM @ 60°F (25.7 liters/min. @ 15.6°C)		8.2 GPM @ 60°F (31.0 liters/min. @ 15.6°C)	
Approx. Shipping Weight	400 lbs. (181.4 kg)		400 lbs. (181.4 kg)	

\*All dimensions are in order left to right, front to back, top to bottom.

**BRANSON**  
a SmithKline company

**BRANSON CLEANING EQUIPMENT COMPANY**

Parrott Drive • Shelton, Connecticut 06484 • (203) 929-7301  
Branson Europa, Soest, The Netherlands • Branson Canada, Scarborough, Ontario



NOTE

ALL EXTERNAL PIPING TO TRANSFER  
OPTION SUPPLIED BY CUSTOMER SHOULD BE  
MINIMUM OF 3/8" OD.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Region III - 6th & Walnut Sts.

Philadelphia, Pa. 19106

**Astro Cleaning & Packaging**

SUBJECT: RCRA Inspection- **VAD 087 337 820**

DATE: **July 12, 1982**

FROM: Harry J. Weber, Environmental Scientist *HW*  
Superfund/RCRA Compliance Section (3AW23)

TO: FILE

Thru: *W* **Walter F. Lee, Chief**  
**Superfund/RCRA Compliance Section (3AW23)**

THE STATE IS TAKING ACTION TO RESOLVE THE VIOLATIONS IN THIS  
INSPECTION REPORT.

WE WILL MONITOR THE STATE ACTIVITY REGARDING RESOLUTION  
OF THESE VIOLATIONS.

INSPECTION CHECKLIST

Name: Astro Cleaning + Packaging Corp

Review Date 7/9/82

ID No. VAD 087 337 820

Inspection Date: 6/16/82

Inspector: M. HABIBI - S. MORSE

Violations:

inspection schedule and log for emergency equip.  
job titles & descriptions, training, waste locations,  
local assistance, contingency plan, manifests, closure plan

Class 3

VA has notified facility to comply  
(letter 6/30/82)

Compliance Check

Date \_\_\_\_\_



# COMMONWEALTH of VIRGINIA

JAMES B. KENLEY, M.D.  
COMMISSIONER

*Department of Health*  
*Richmond, Va. 23219*

June 30, 1982

Mr. Duncan Jones  
Astro Cleaning & Packaging Corp.  
1624 Steel Street  
P.O. Box 6240  
Chesapeake, Va. 23323

Dear Mr. Jones:

Enclose are copies of checklists discussed during inspection of your facility of June 16, 1982.

As mentioned at that time, it would appear the waste transported by you and currently in storage would fall under F001 "spent halogenated solvent used in degreasing." As this is a listed waste, it must be transported and stored in accordance with Virginia's Hazardous Waste Management Regulations even though it is to be sold for reuse/recycling (reference section 3.04.02).

Therefore, you should immediately implement a manifest system and properly label all drums containing waste. In addition, you will need written contingency and closure plans, inspection logs, waste analysis plans, position descriptions, training documentation, etc. References to the Virginia Regulations noted on the checklists should provide assistance as to the specific information required. You also need to file annual reports for 1981. This paper work should be completed by September 1, 1982, after which we will schedule a repeat inspection.

If I can be of assistance, please call me at (804) 786-0806.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sandra Morse".

Sandra Morse, Biologist  
Bureau of Hazardous Waste Management

Enclosure

SM/ac

**CHECKLIST FOR RCRA INSPECTION OF TREATMENT,  
STORAGE & DISPOSAL (TSD) FACILITIES**

RO USE

Name of Facility: ASTRO Cleaning + Backyard Corp.

Inspection File

Address: 1624 Steel Street PO Box 6240

No. \_\_\_\_\_

Chesapeake, VA 23323

Reviewer \_\_\_\_\_

EPA ID Number: VAD 087337820

Date reviewed \_\_\_\_\_

Facility Inspection Representative: Duncan Jones

Form "B" (VA)

Title: DIVISION MANAGER

Telephone: 804-485-5305

**SITE CHARACTERIZATION** (Please denote if the facility presently treats, stores, or disposes of hazardous waste. Also, mark the appropriate sub-category that occurs at the particular facility.)

**TREATER**

**STORER**

**DISPOSER**

☐ Filtration  
☐ Incineration  
☐ Thermal Reduction  
☐ Recycling/Recovery  
☐ Chem/Phys/Bio Treatments  
☐ Reprocessing  
☐ Solvent Recovery  
☐ Other \_\_\_\_\_

☐ Open Pile  
☐ Surface Impoundment  
☒ Drum  
☐ Above ground tank(s)  
☐ Below ground tank(s)  
☐ Other \_\_\_\_\_

☐ Landfill operation  
☐ Land treatment  
☐ Surface Impoundment  
☐ Incineration  
☐ Other \_\_\_\_\_

**VA HWM Regs.**

**INSPECTION PROCEDURE**

1. Does the facility generate hazardous wastes? Yes ☐ No ☒

Note: Please complete the generator's checklist if TSD facility generates hazardous wastes which are disposed of off-site.

9.02.03(a) 2. Does the facility receive hazardous waste from a foreign source? Yes ☐ No ☒

If yes, has the facility notified the Commissioner of the date of arrival? Yes ☐ No ☐

9.02.04(a) 3. For on-site tsd, does the facility have a sufficient waste analysis? Yes ☒ No ☐

9.02.04 4. For off-site, does the facility have in place a waste analysis plan? If so, Yes ☐ No ☒

- |                   |  |                                      |                                     |
|-------------------|--|--------------------------------------|-------------------------------------|
| 9.02.04(a)(1)     | a) Does the plan enable facility personnel to identify hazardous wastes being handled by the facility?   | Yes                                  | No                                  |
| 9.02.04(b)(3)     | b) Does the plan enable facility personnel to confirm that wastes actually received at the TSD facility are the wastes indicated on the generator's manifest form?   | Yes                                  | No                                  |
| 9.02.05(b)(1)     | 5. *Does the TSD facility have a 24-hour surveillance system which monitors and controls entry to the active portion of the facility, including:   | Yes                                  | <input checked="" type="radio"/> No |
| 9.02.05(b)(2)(i)  | a) an artificial or natural boundary which surrounds active portions of the facility and,  | <input checked="" type="radio"/> Yes | No                                  |
| 9.02.05(b)(2)(ii) | b) A means to control entry at all times, i.e., gates, attendants, locked entrances, etc.?   | <input checked="" type="radio"/> Yes | No                                  |
| 9.02.05(c)        | 6. *Does the TSD facility have a restricted access sign posted at each entrance to the active portion of the facility? (an example would be: "Danger - Unauthorized Personnel Keep Out!") If so,   | <input checked="" type="radio"/> Yes | No                                  |
|                   | a) Is the sign legible from a distance of 25 feet?   | <input checked="" type="radio"/> Yes | No                                  |
|                   | b) Is the sign in English or any other foreign language predominant to the geographical area?  | <input checked="" type="radio"/> Yes | No                                  |
| 9.02.06(b)(1)     | 7. Does the TSD facility have a written schedule for inspecting all emergency equipment, security devices, and operating and structural equipment, important to the prevention, detection or response to environmental/human health emergencies? | Yes                                  | <input checked="" type="radio"/> No |
| 9.02.06(d)        | 8. Does the facility have an inspection log for the items in question #7 that includes the date, time of inspection, observations made, and inspector's initials?  | Yes                                  | <input checked="" type="radio"/> No |
| 9.02.07(d)(1)     | 9. Does the TSD facility maintain a record of job titles for personnel that are involved with hazardous waste management?  | Yes                                  | <input checked="" type="radio"/> No |

- |               |  |                                      |                                     |
|---------------|--|--------------------------------------|-------------------------------------|
| 9.02.07(d)(1) | 10. Does the TSD facility have the name of the employee filling each position in hazardous waste management?   | Yes                                  | <input checked="" type="radio"/> No |
| 9.02.07(d)(2) | 11. Does the TSD facility have on record a written position description of each job title noted in Question #9?  | Yes                                  | <input checked="" type="radio"/> No |
| 9.02.07(a)    | 12. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures?  | <input checked="" type="radio"/> Yes | No                                  |
| 9.02.07(d)(3) | 13. Does the facility presently maintain a written description of the type and amount of introductory and continuing training for those employees noted in Question #7?  | Yes                                  | <input checked="" type="radio"/> No |
| 9.02.07(d)(4) | 14. Does the facility have records to document this training?  | Yes                                  | <input checked="" type="radio"/> No |
| 9.03.02       | 15. *At the TSD facility, is the following equipment installed:  |                                      |                                     |
| 9.03.02(a)    | a) An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion?  | <input checked="" type="radio"/> Yes | No                                  |
| 9.03.02(b)    | b) A device at the scene of hazardous waste TSD operations capable of summoning emergency assistance from Police, Fire departments, etc.?  | <input checked="" type="radio"/> Yes | No                                  |
| 9.03.02(c,d)  | c) Fire control equipment and an adequate supply of fire fighting water or fire suppression chemicals?   | <input checked="" type="radio"/> Yes | No                                  |
| 9.04          | 16. Does the facility have a contingency plan which contains the following elements:   |                                      |                                     |
| 9.04.02(a)    | a) A detailed description of emergency procedures which facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous wastes to air, soil, and water?   | Yes                                  | <input checked="" type="radio"/> No |
| 9.04.02(c)    | b) A detailed description of arrangements formally agreed to by local police, fire departments, and State and local emergency teams to provide assistance during emergency situations? (if such arrangements are refused, documentation of the refusal is sufficient). | Yes                                  | <input checked="" type="radio"/> No |

- 9.04.02(d) c) A listing of names, addresses, and phone numbers of the TSD facility emergency response coordinators? Yes ☒ No  
Note: This listing should include names and phone numbers of emergency coordinators available on twenty-four hour basis.
- 9.04.02(e) d) A list of appropriate emergency equipment necessary to cope with emergencies at the TSD facility? Yes ☒ No
- 9.04.02(f) e) \*An evacuation plan for the TSD facility if Management believes such a plan is a definite requirement for their particular TSD facility? *Not needed* Yes No
- 9.04.03 f) Are copies of the plan sent to the local police and fire departments, hospital, and emergency rescue team? Yes ☒ No
- 9.04.05 17. Does the facility have at all times at least one employee either on-call or on the site who is responsible for coordinating all emergency response measures? ☒ Yes No  
 If so, please complete below:  
 Name: DUNCAN J. SOARES  
 Title: DIVISION MANAGER  
 Telephone Number: (804) 485-5305
- 9.04.08(a) 18. Does the TSD facility have a written operating record which contains the following information:
- 9.04.08(b)(1) a) A description of and the quantity of each hazardous waste received, and the method and date of treatment, storage or disposal? (Required if off-site generation) Yes ☒ No
- 9.04.08(b)(2) b) The location of each hazardous waste within the facility and the quantity at each location? Yes ☒ No
- 9.04.08(b)(3) c) Detailed records and results of waste analyses and incineration trial tests performed on wastes coming into the facility? (Required if off-site generation) Yes ☒ No

9.04.08(b)(4)	d) Detailed operating summary reports and description of all emergency incidents that required the implementation of the facility contingency plan? <i>NONE to date</i>	Yes	No
9.04.08(b)(5)	e) Detailed records and results of inspections performed on facility emergency equipment, TSD systems, and hazardous waste areas?	Yes	<input checked="" type="radio"/> No
9.04.08(b)(6)	f) Detailed monitoring, testing, and analytical data where required? <i>not needed</i>	Yes	No
9.06.03	19. Have the TSD facility operators prepared written closure plans?	Yes	<input checked="" type="radio"/> No
9.06.08	20. Have the TSD facility operators prepared written post closure plans?	Yes	<input checked="" type="radio"/> No
9.04.07	21. Does the TSD facility receive hazardous waste from off-site generators? If yes, are the following procedures implemented:	<input checked="" type="radio"/> Yes	No
5.05	a) Manifest copies are signed and dated	Yes	<input checked="" type="radio"/> No
5.05.03	b) A copy is given to the transporter	Yes	<input checked="" type="radio"/> No
5.05.04	c) A copy is sent to the generator	Yes	<input checked="" type="radio"/> No
5.05.05	d) A copy is returned and filed at the TSD facility	Yes	<input checked="" type="radio"/> No
9.05	22. Does the facility owner utilize surface impoundments, landfills or land treatment technologies?	Yes	<input checked="" type="radio"/> No
9.05	23. If yes, has the owner implemented a groundwater monitoring program?	Yes	No
	24. Has an annual report been filed?	Yes	<input checked="" type="radio"/> No

MUST BE OBSERVED

	25. The inspector should check for the following conditions at the TSD facility:		
9.02.08(a)	a) Open fires	Yes	<input checked="" type="radio"/> No
9.02.08(b)(2,3)	b) Fumes or gases	Yes	<input checked="" type="radio"/> No
9.02.08(b)(4) 9.08.02	c) Leaks or corrosion in containers or other storage structures	Yes	<input checked="" type="radio"/> No

9.02.08(b)(5)

9.03.01

9.03.01

9.08.02

9.02.08(b)(1)

9.03.05

d) Leachate to receiving streams

Yes ☒ No

e) Malfunction of equipment

Yes ☒ No

f) Bulging drums

Yes ☒ No

g) Excessive heat generation from storage facilities, lagoons, storage piles, etc.

Yes ☒ No

26. \*Does the TSD facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies?

☒ Yes ☐ No

27. Please provide detailed comments on specific problems encountered during the TSD facility inspection. For instance, industry requests for clarification of specific rules and regulations and their applicability at the facility can be noted below or described in a separate memo attached to the inspector's checklist.

Facility has Subur for shipyard to  
clean piping w/ high grade trichloro-  
ethylene which is collected in  
drums + brought back to facility.  
Has about 75 in storage to be  
sold to another company for use or  
recycling.

Inspector's Name: Sandra Morse

Title: Biologist

Agency: Va. State Health Dept., Div. of Solid & Hazardous Waste Mgt.

Office Location: 109 Governor Street, Richmond, VA 23219

Date of Inspection: 6/16/82

Inspector's Name: MOHAMMAD R-HABIBI

Title: CHEMIST

Agency: Va. State Health Dept., Div. of Solid & Hazardous Waste Mgt.

Office Location: 109 Governor Street, Richmond, VA 23219

Date of Inspection: 6/16/82

# CHECKLIST FOR ROUTE INSPECTION OF TRANSPORTERS

Name of Transporter: ASTAC Cleaning + Sanitizing Corp.  
 Address: 1624 Steel Street PO Box 6240  
Chesapeake, VA 23023  
 EPA ID Number: VAD087337820  
 Transporter Inspection Representative: Duncan Jones  
 Title: Division Manager  
 Telephone Number: 804-485-5305

RO USE

Inspection file

No. \_\_\_\_\_

Reviewer \_\_\_\_\_

Date reviewed \_\_\_\_\_

Form "Trans" (VA)

The questions contained in this checklist apply to transporters of hazardous waste shipments that originate within the Commonwealth and/or terminate within the Commonwealth, except as Section 7.01 provides otherwise.

Va. HWM Regs.

7.01.01

1. Does company transport hazardous waste which:

- a) originates within the Commonwealth? ☒ Yes ☐ No
- b) originates within a foreign country? ☐ Yes ☒ No
- c) terminates within the Commonwealth? ☒ Yes ☐ No

7.04

Appendix 7.2

2. Does the transporter have a Virginia Hazardous Wastes Transporter Permit?

☒ Yes ☐ No

VAD087338201

7.02

7.06

3. Is the transporter currently employing a manifest system so that shipments of hazardous waste can be tracked?

Yes ☒ No

4. Please inspect the transporters manifest for the following:

5.04.03(a)

a) Are the generator's name, address, telephone number and EPA ID number included on the form?

Yes ☐ No

5.04.03(b)

b) Are the transporter's name, address, telephone number and EPA ID number included on the form?

Yes ☐ No

5.04.03(c)

c) Are the name, address, telephone number and EPA ID number of the designated facility included on the form?

Yes ☐ No

5.04.02	d) Is a serialized manifest document number included on the form?	Yes	No
5.04.04	e) Is a description of the hazardous waste being transported included on each manifest?	Yes	No
5.04.05	f) Are the quantity of each waste by units of weight or volume and the type and number of containers loaded in the transporter's vehicle included on the manifest form?	Yes	No
5.04.06	g) Is the following certification by the generator noted on the manifest and acknowledged by the generator's signature?  "This is to certify that the named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to applicable regulations of the US Department of Transportation and the US Environmental Protection Agency."	Yes	No
5.04.07	h) Are there adequate copies of the manifest available for generator, transporter, and the designated facility?	Yes	No
7.07.11	5. Has the transporter complied with requirements pertaining to hazardous wastes that the transporter has allowed to become mixed? <i>none to date</i>	Yes	No
7.08	6. Has the transporter complied with all federal and Commonwealth requirements relative to spills? <i>none to date</i>	Yes	No
Appendix 7.1	7. Have annual reports containing information stated in Appendix I been submitted?	Yes	No

7.05

8. Are all of the transporter's vehicles placarded in accordance with the applicable provisions of the US Department of Transportation Hazardous Materials Regulations, Chapter 1, Subchapter C, 49 CFR 171-179?

Yes

☒ No

Note: Check both sides of vehicle legibility of placard from 50 feet away in daylight and color contrast of letter with background if required.

7.07.04

7.07.06

9. Are all hazardous wastes being transported properly labeled, contained, and packaged in accordance with DOT and EPA regulations?

☒ Yes

No

NO Labels "hazardous waste"

Inspector's Name: Sandra Morse

Title: Biologist

Agency: Va. State Health Dept., Div. of Solid & Hazardous Waste Management

Office Location: 109 Governor Street, Richmond, VA 23219

Date of Inspection: 6/16/82

Inspector's Name: MOHAMMAD R. HABIBI

Title: CHEMIST

Agency: Va. State Health Dept., Div. of Solid & Hazardous Waste Management

Office Location: 109 Governor Street, Richmond, VA 23219

Date of Inspection: 6/16/82

\* Drums are original drum for the trichloro trifluoromethane which is pumped through piping on ships to clean them & then back into drum.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

September 11, 1981

Mr. Carl W. Verheyen, Jr.  
Astro Cleaning & Packaging Corporation  
1624 Steel Street  
Chesapeake, VA 23323

Dear Mr. Verheyen:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

*Shirley D. Bulkin*

Shirley D. Bulkin

Chief, Administrative Support Section  
Permit Enforcement Branch

Enclosure

CONDITIONS OF OPERATION DURING  
INTERIM STATUS

Date Prepared: September 11, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1. Facility name, location, and EPA Identification Number.

Name: Astro Cleaning & Packaging Corporation

Location: 1624 Steel Street  
Chesapeake, VA 23323

EPA I.D. No.: VAD 08 733 7820

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Astro Cleaning & Packaging Corporation  
Owner's Name: Carl W. Verheyen, Jr., Executive Vice President

Operator's Name:

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
<u>S01</u>	<u>500 Gals.</u>
<u>      </u>	<u>      </u>
<u>      </u>	<u>      </u>
<u>      </u>	<u>      </u>
<u>      </u>	<u>      </u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

<u>F001</u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>
<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>	<u>      </u>

<b>RECORD OF COMMUNICATION</b>		<input checked="" type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY) _____	
		(Record of item checked above)	
TO: <i>Astro Cleaning + Packaging Corp.</i>	FROM:	DATE <i>7-7-81</i>	TIME
SUBJECT			
<b>SUMMARY OF COMMUNICATION</b>  <p><i>Called Mr. Russell - about the facility's latitude + longitude. Mr. Russell wasn't in.</i></p> <p><i>Mrs. Fletcher called back on 7/15/81 about latitude + longitude. He told me to call Mr. Verheyn in Calif. (213) 923-5444.</i></p> <p><i>I called Mr. Verheyn on 7/15/81 at 1:15 about the latitude + longitude he told me to call Virginia on Monday. (7/20/81) maybe they will have the information we need.</i></p> <p><i>Mr. Verheyn didn't feel that our request was necessary.</i></p>			
<b>CONCLUSIONS, ACTION TAKEN OR REQUIRED</b>			
<b>INFORMATION COPIES TO:</b>			



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # VAD087337820

January 9, 1981

Astro - Cleaning & Packaging Corporation  
Mr. Jerry Russell  
1624 Steel Street  
Chesapeake, VA 23323

Re: Acknowledgment of Application for  
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

8708 CLETA STREET • P.O. BOX 978 • DOWNEY, CA. 90241



**ASTRO PAK**  
SPECIALIZED SERVICES

